

<i>SERFF Tracking Number:</i>	<i>HARL-126421282</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Hartford Life and Annuity Insurance Company</i>	<i>State Tracking Number:</i>	<i>44417</i>
<i>Company Tracking Number:</i>	<i>LA-1283(06)</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Application for Term Life Insurance Infomational Filing</i>		
<i>Project Name/Number:</i>	<i>Application for Term Life Insurance Infomational Filing/LA-1283(06)</i>		

Filing at a Glance

Company: Hartford Life and Annuity Insurance Company

Product Name: Application for Term Life SERFF Tr Num: HARL-126421282 State: Arkansas

Insurance Infomational Filing

TOI: L08 Life - Other

SERFF Status: Closed-Accepted State Tr Num: 44417

For Informational Purposes

Sub-TOI: L08.000 Life - Other

Co Tr Num: LA-1283(06)

State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Jane Chapman, Roberta

Disposition Date: 01/05/2010

Chu, Barbara Warren, Frank

Durante

Date Submitted: 12/28/2009

Disposition Status: Accepted For

Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Application for Term Life Insurance Infomational Filing

Status of Filing in Domicile:

Project Number: LA-1283(06)

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/05/2010

Explanation for Other Group Market Type:

State Status Changed: 01/05/2010

Deemer Date:

Created By: Barbara Warren

Submitted By: Barbara Warren

Corresponding Filing Tracking Number:

Filing Description:

Dear Sir or Madam:

We are submitting the subject forms for information.

The intent of this filing is to reserve additional variability in the previously approved Application for Term Life Insurance, LA-1283(06) approved 1/11/2006, to allow us to modify current Company offerings of optional riders. Please see the

SERFF Tracking Number: HARL-126421282 State: Arkansas
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Statement of Variability accompanying this filing.

No text changes or any other changes, except to add bracketing to the optional rider section on page 1 as described in the Statement of Variability, have been made to the Application for Term Life Insurance LA-1283(06) from that approved and on file with the Department.

Your consideration of this submission is greatly appreciated. Please feel free to contact me if you have any questions

Best regards,

Barbara A. Warren
Contract Analyst, ILD Forms & Rate Filings
Phone: (800) 503-3150 or direct 860-843-6437
Fax: (860) 392-3233
E-Mail: Barbara.warren@hartfordlife.com

Company and Contact

Filing Contact Information

Barbara Warren, Contact Analyst	barbara.warren@hartfordlife.com
200 hopmeadow rd	860-843-6437 [Phone]
Simsbury, CT 06089	860-843-5194 [FAX]

Filing Company Information

Hartford Life and Annuity Insurance Company	CoCode: 71153	State of Domicile: Connecticut
200 Hopmeadow Street	Group Code: 91	Company Type: Life
Simsbury, CT 06089	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 39-1052598	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life and Annuity Insurance Company	\$50.00	12/28/2009	33124445

<i>SERFF Tracking Number:</i>	<i>HARL-126421282</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		01/05/2010	01/05/2010

SERFF Tracking Number: *HARL-126421282* *State:* *Arkansas*
Filing Company: *Hartford Life and Annuity Insurance Company* *State Tracking Number:* *44417*
Company Tracking Number: *LA-1283(06)*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Application for Term Life Insurance Infomational Filing*
Project Name/Number: *Application for Term Life Insurance Infomational Filing/LA-1283(06)*

Disposition

Disposition Date: 01/05/2010

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	HARL-126421282	State:	Arkansas
Filing Company:	Hartford Life and Annuity Insurance Company	State Tracking Number:	44417
Company Tracking Number:	LA-1283(06)		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Application for Term Life Insurance Infomational Filing		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Statement of Variability		Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: n/a for this informational filing Comments:		

	Item Status:	Status Date:
Satisfied - Item: Application Comments: Attachment: LA-1283(06).pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: Attachment: LA-1283(06) SOV.pdf		



Hartford Life and Annuity Insurance Company
Hartford, Connecticut 06104-2999
[Individual Life Operations Address:
P.O. Box 64582
St. Paul, Minnesota 55164-0582
Telephone Number: 1-800-243-5433]

APPLICATION FOR TERM LIFE INSURANCE - Part I

1. Proposed Insured's (First Name - Middle Initial - Last Name)		2. Date of Birth	
3. State / Foreign Country of Birth:		5. Gender <input type="checkbox"/> M <input type="checkbox"/> F	
4. Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Other		6. SSN or Tax ID	
7. Street Address		City	State Zip Code
8. OWNER (Complete only if different than the Proposed Insured)			
Indicate type of ownership: <input type="checkbox"/> Individual - Provide Owner's date of birth: _____ <input type="checkbox"/> Other <input type="checkbox"/> Trust - Indicate date of trust: _____			
Policy Owner's (First Name - Middle Initial - Last Name)		SSN or Tax ID	Relationship to Insured
Street Address		City	State Zip Code
9. PAYOR (Complete only if different than the Proposed Insured)		10. Term Plan	
Premium Payor's (First Name - Middle Initial - Last Name)		<input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 30	
Street Address		City	State Zip Code
		11. Coverage Amount \$	
12. Payment Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Electronic Fund Transfer <input type="checkbox"/> Other			
[13. Child Rider <input type="checkbox"/> Yes <input type="checkbox"/> No Coverage Amount: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000			
Child(rens) Name(s)		Date of Birth	
14. Waiver of Premium Rider <input type="checkbox"/> Yes <input type="checkbox"/> No]			
15. Primary Beneficiary (If multiple beneficiaries are designated, benefits will be equally divided to all listed beneficiaries unless otherwise indicated.)			
Name(s)	Date of Birth	% Benefit	Relationship
16. Contingent Beneficiary (If multiple beneficiaries are designated, benefits will be equally divided to all listed beneficiaries unless otherwise indicated.)			
Name(s)	Date of Birth	% Benefit	Relationship

If applicable, additional details for question responses are provided in the COMMENTS section following the questions.				
17. Indicate the purpose for purchasing this life insurance coverage. <input type="checkbox"/> Personal <input type="checkbox"/> Buy/Sell <input type="checkbox"/> Key Person <input type="checkbox"/> Other				
18. a. Do you have life insurance and/or annuities in force? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Will this insurance replace or change insurance with this company or any other company? This would include insurance that is currently pending but bound by a temporary insurance agreement or conditional receipt. <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", please list all details below and indicate if the coverage you are applying for will replace any of these.)				
Company Name	Amount	Policy Number	Type of Coverage	Replacing? <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Does the proposed Policy Owner or Insured have any intentions to transfer rights or interests in this policy, including beneficiary interests, to an unrelated third party (e.g., a life settlement company, viatical company or investment company)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
20. Has the proposed Policy Owner or Insured previously transferred or assigned their interest in any other life insurance policy to a third party (e.g., a life settlement company, viatical company or investment company)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
21. TOBACCO Have you ever used any form of tobacco, nicotine or nicotine replacement therapy (including cigarette, cigar, pipe, chewing tobacco, Nicorette gum, nicotine patch or nasal spray)? <input type="checkbox"/> Yes <input type="checkbox"/> No Time Last Used <input type="checkbox"/> <12 mos. <input type="checkbox"/> 12-36 mos. <input type="checkbox"/> 36-60 mos. <input type="checkbox"/> >60 mos.				
22. OCCUPATION a. Name of Occupation b. Exact Duties				
23. INCOME a. What is your annual earned income? \$ b. Do you have any additional unearned income? \$ c. What is your total household income? \$ d. What is your approximate personal net worth? \$				
24. INSURANCE: EXISTING AND APPLIED FOR a. Have you applied for any Life or Health insurance in the last 12 months or is any other application pending or contemplated? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Have you ever had an application for Life or Health insurance declined, rated, postponed or otherwise modified? <input type="checkbox"/> Yes <input type="checkbox"/> No				
25. TRAVEL Do you have any plans to travel or live outside the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
26. DRIVING a. What is your driver's license number and state of issue? b. In the last 5 years have you had your driver's license suspended or revoked, been convicted of any moving violations or are any charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No				
27. AVIATION a. Do you currently hold a valid pilot's license? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Within the last 2 years, have you piloted an aircraft, or do you have any intention of flying other than as a passenger on a scheduled airline? <input type="checkbox"/> Yes <input type="checkbox"/> No				
28. AVOCATION Within the last 2 years, have you engaged in sports or other activities that could result in physical injury (such as scuba diving, skydiving, parachuting, motor vehicle racing, mountain climbing, hang gliding, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
29. CRIMINAL Have you ever been convicted of a criminal offense or are charges currently outstanding against you? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Secondary Addressee Name (First, Last, Middle)		Secondary Addressee Address (Street, City, State, Zip)		

[COMMENTS

DECLARATIONS AND SIGNATURES

Each of the undersigned Proposed Insured and Owner declare, understand and agree that:

1. All statements and answers contained in this application, together with any amendments and supplements, are complete and true to the best of our knowledge and belief.
2. The statements and answers set forth in this application and any amendments and supplements, are the basis for any insurance policy that may be issued. Owner, if not a Proposed Insured, adopts and ratifies such statements and answers.
3. A copy of the application and any amendments and supplements shall be attached to and be made a part of the policy, if issued.
4. The insurance policy applied for will take effect only if the Proposed Insured is living, any amendments to the application are properly signed, all answers set forth in the application, together with any amendments and supplements, continue to be true and complete at the time the policy is delivered, and the first full modal premium is received.
5. Only an officer of The Hartford can make, modify, alter or discharge the terms of the application amendments, supplements and policy, or waive any of The Hartford's rights or requirements.
6. If any answers on this application, or any amendment or supplement, are incorrect or untrue, The Hartford will have the right to deny benefits or rescind the policy.

Application Signed at _____ / ____ / ____
CITY STATE MONTH DAY YEAR

1. _____
Signature of Proposed Insured
(Parent or Guardian if under 15 years of age)

2. _____
Signature of Owner(s)
(if other than Proposed Insured)



Signature of Licensed Agent]

APPLICATION FOR TERM LIFE INSURANCE - Part II

30. BUILD

- a. Your height?
- b. Your weight?
- c. Has your weight changed in the past two years? ☐ Yes ☐ No
- d. Do you engage in a regular exercise program? ☐ Yes ☐ No
- e. *Females Only: Are you currently pregnant?* ☐ Yes ☐ No

31. MEDICAL

- a. Are you currently taking any medication or are you under treatment or observation for any medical condition? ☐ Yes ☐ No
- b. Do you currently have any injury or condition which restricts movement and that prevents you from performing all of your normal daily activities? ☐ Yes ☐ No

32. DOCTOR

- a. Who was the last physician or medical provider you consulted?
- b. Date and reason last consulted?
- c. Results of visit and details of any treatment given?

Have you ever been treated for or had treatment recommended for:

33. Chest pain, angina, heart murmur or palpitation, heart attack, heart disease, high blood pressure, heart valve abnormality, abnormal heart rhythm, elevated cholesterol, stroke, TIA (mini-stroke), phlebitis, poor circulation, or other disease, condition or disorder of the heart or circulatory system? ☐ Yes ☐ No
34. Shortness of breath, sleep apnea, narcolepsy, persistent cough, chronic bronchitis, blood spitting, asthma, emphysema, pleurisy, tuberculosis, or other lung or respiratory disease, condition or disorder? ☐ Yes ☐ No
35. Cancer, tumors, cysts, lesions, rash, any other type of malignancy or growth or any disorder of the skin or lymph glands? Any immune system disease, condition or disorder? ☐ Yes ☐ No
36. Ulcer, hernia, colitis, intestinal bleeding, diverticulitis, ulcerative colitis, Crohn's disease, , hepatitis or any other disease, condition or disorder of the stomach, intestines, esophagus, gallbladder, liver or pancreas? ☐ Yes ☐ No
37. Kidney stones, protein, blood or sugar in the urine, breast disease, or any other disease, condition or disorder of the prostate, bladder, kidney or genitourinary system? ☐ Yes ☐ No
38. Diabetes, thyroid or endocrine disease, condition or disorder; anemia, hemophilia, or blood transfusion? ☐ Yes ☐ No
39. Dizziness, vertigo, fainting, seizures, epilepsy, headaches, paralysis, or other disease, condition or disorder of the brain, spinal cord or nervous system? ☐ Yes ☐ No
40. Depression, anxiety, stress, fatigue, chronic fatigue syndrome, nervousness, psychosis, dementia, Alzheimer's, or any other mental or emotional disease, condition or disorder? ☐ Yes ☐ No
41. Sexually transmitted disease, condition or disorder? ☐ Yes ☐ No
42. Rheumatoid arthritis, Lupus, other connective tissue disease, condition or disorder; arthritis, rheumatism or other joint disease, condition or disorder; disease, condition or disorder of the bones, back or spine; disease, condition, or disorder of the muscles, ligaments, or tendons? ☐ Yes ☐ No
43. Any disease, condition or disorder of the eyes or ears, any amputation or congenital defect? ☐ Yes ☐ No
44. In the last 5 years, have you seen a physician for any illness or condition, the diagnosis of which you have not been made aware of or for which further tests are still required? ☐ Yes ☐ No
45. In the last 2 years, have you had, or been advised to have an x-ray, electrocardiogram, MRI, CAT Scan, or any other diagnostic test? ☐ Yes ☐ No
46. Has any member of your immediate family (father, mother, or siblings) ever been treated for heart disease, kidney disease, cancer, stroke, or any other hereditary disease, condition or disorder? ☐ Yes ☐ No
47. a. Do you currently consume any alcohol? ☐ Yes ☐ No
- b. Have you ever been advised about, counseled or treated for the excessive use of alcoholic beverages? ☐ Yes ☐ No

48. a. Have you ever tried or used marijuana, hashish, cocaine, crack, heroin, LSD, ecstasy, barbiturates, amphetamines, methamphetamines, hallucinogenics, sedatives, stimulants, or any other narcotic or mood altering drug not prescribed by a physician or medical professional?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you ever been advised about, counseled or treated for drug abuse?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Have you had any consultation, treatment or examination by a physician, medical or health care provider or clinic for any reason not listed above?		<input type="checkbox"/> No	
50. Have you lost more than 5 consecutive days of work or school due to any health condition in the last 3 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Do you have any reason to believe that you are not currently in good health?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
52. (To Be Completed Only When A Child Rider Is Applied For) Has any proposed child ever had: heart disease; cancer; diabetes; developmental delay, psychiatric or mental health disease, disorder or condition; chronic lung, neurologic, muscular, hereditary or congenital disease, disorder or condition; HIV infection; or treatment with chronic medications?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
53. Have you ever been diagnosed or treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome ("AIDS"), AIDS Related Complex ("ARC"), or have You ever tested positive for antibodies to the AIDS (Human Immunodeficiency Virus Type I, (HIV-1) Virus) Virus?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<div style="text-align: center;">COMMENTS</div>			

DECLARATIONS AND SIGNATURES

Each of the undersigned Proposed Insured and Owner declare, understand and agree that:

1. All statements and answers contained in this application, together with any amendments and supplements, are complete and true to the best of our knowledge and belief.
2. The statements and answers set forth in this application and any amendments and supplements, are the basis for any insurance policy that may be issued. Owner, if not a Proposed Insured, adopts and ratifies such statements and answers.
3. A copy of the application and any amendments and supplements shall be attached to and be made a part of the policy, if issued.
4. The insurance policy applied for will take effect only if the Proposed Insured is living, any amendments to the application are properly signed, all answers set forth in the application, together with any amendments and supplements, continue to be true and complete at the time the policy is delivered, and the first full modal premium is received.
5. Only an officer of The Hartford can make, modify, alter or discharge the terms of the application amendments, supplements and policy, or waive any of The Hartford's rights or requirements.
6. If any answers on this application, or any amendment or supplement, are incorrect or untrue, The Hartford will have the right to deny benefits or rescind the policy.

Application Signed at _____ / ____ / ____
CITY STATE MONTH DAY YEAR

1. _____
Signature of Proposed Insured
(Parent or Guardian if under 15 years of age)

2. _____
Signature of Owner(s)
(if other than Proposed Insured)



Signature of Licensed Agent

STATEMENT OF VARIABLES

Hartford Life and Annuity Insurance Company
Application for Term Life Insurance Form LA-1283(06)
December 11, 2009

Variable Text denoted with brackets.

The bracketed items are variable and may be modified on a non-discriminatory basis. The following information describes the usage and possible future modifications to the bracketed variable material of the subject form.

APPLICATION PAGE NUMBER	VARIABLE ITEM	DESCRIPTION
Page1	Administrative Office	Our Administrative Office address and contact information have been bracketed to allow for future changes in Company operations.
Page 1	Optional Riders	The section which reflects current optional riders available (currently items 13 and 14) have been bracketed to allow us to modify current Company offerings. Such section will only be modified to remove an optional rider that is no longer offered by the Company or to add a rider that has been approved in your State. No optional rider will be added to the Application unless and until such form has been filed and approved by the Department. In this event, we would adjust item numbering accordingly.
Page 3	Comments, Declarations and Signatures	<p>The Application is intended for use in applying for Term insurance primarily, but may also be used to apply for term and a permanent policy ("combo exception case"). The <i>Comments</i> and <i>Declarations and Signatures</i> sections of Part I are bracketed to denote its variability so that in the event only term insurance is applied form, this variable section of the application would not be completed. Rather the <i>Comments</i> and <i>Declarations and Signatures</i> Part II of the application would be completed accordingly. .</p> <p>In the event term insurance and permanent insurance ("combo exception case") is applied for, the information obtained from a long-form permanent application (previously approved by the Department) would be used to underwrite both the term and the permanent policies and to complete Part I of the Application. In this exception scenario, the bracketed <i>Comments</i> and <i>Declarations and Signatures</i> of Part 1 would be completed accordingly and the applicant would receive</p> <ul style="list-style-type: none">(a) a completed Term Insurance Application Part I including the <i>Comments</i> and <i>Declarations and Signatures</i>;(b) a completed permanent application Part II (underwriting section); and(c) an Application Amendment (as previously approved by the Department) amending the term application to include the completed permanent application Part II. <p>Please note that the underwriting questions of the term application and the underwriting questions of the permanent application are analogous so as to avoid discrimination issues between applicants as determined by legal counsel. The scenario described would be used only on an exception basis, primarily to avoid having the applicant complete two sets of underwriting questions. Such duplicative responses could result in conflicting answers to such questions by the applicant, which in turn would cause delay in underwriting and issuance of the policy.</p>